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# FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 370)

| Complete If Known    |                         |
|----------------------|-------------------------|
| Application Number   | 08/183,872              |
| Filing Date          | October 28, 1998        |
| First Named Inventor | Hagaman, Gregory S.     |
| Examiner Name        | Sharon L. Turner, Ph.D. |
| Group Art Unit       | 1647                    |
| Attorney Docket No.  | 020618-000100US         |

| METHOD OF PAYMENT   |   |   |   | FEE CALCULATION (continued)  |              |                |          |   |   |   |   |   |  |   |   |     |    |   |   |   |    |     |    |  |                      |                 |          |     |     |                           |   |                        |       |     |       |  |    |                                   |      |     |      |  |     |                                       |        |     |        |   |    |  |     |     |    |  |   |  |     |   |     |   |  |  |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |     |     |     |     |     |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|---|---|---|--|--------------|----------------|----------|---|---|---|---|---|--|---|---|-----|----|---|---|---|----|-----|----|--|----------------------|-----------------|----------|-----|-----|---------------------------|---|------------------------|-------|-----|-------|--|----|-----------------------------------|------|-----|------|--|-----|---------------------------------------|--------|-----|--------|---|----|--|-----|-----|----|--|---|--|-----|---|-----|---|--|--|-----|-----|-----|--|--|-----|-------|-----|-----|---|--|-----|-------|-----|-----|--|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|--|--|-----|-----|-----|-----|--------------------------|--|-----|-------|-----|-------|---|--|-----|-----|-----|----|----------------------------------|--|-----|-------|-----|-----|------------------------------------|--|-----|-------|-----|-----|--------------------------------|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|-----------------|--|-----|-----|-----|-----|-------------------------------|--|-----|----|-----|----|---|--|-----|-----|-----|-----|---|--|-----|----|-----|----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|--|--|-----|-----|-----|-----|---|-----|-----|-----|-----|-----|---|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <p>Deposit Account Number <span style="border: 1px solid black; padding: 2px;">20-1430</span></p> <p>Deposit Account Name <span style="border: 1px solid black; padding: 2px;">Townsend and Townsend and Crew LLP</span></p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p>  |   |   |   | <p>3. ADDITIONAL FEES</p> <table border="1"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Entity Fee Code (\$)</th> <th>Small Entity Fee Code (\$)</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>108</td><td>130</td><td>205</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td><td>For filing a request for reexamination</td><td></td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>116</td><td>400</td><td>218</td><td>200</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>117</td><td>920</td><td>217</td><td>460</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>118</td><td>1,440</td><td>218</td><td>720</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>128</td><td>1,880</td><td>228</td><td>980</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>119</td><td>320</td><td>219</td><td>180</td><td>Notice of Appeal</td><td></td></tr> <tr><td>120</td><td>320</td><td>220</td><td>160</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>121</td><td>280</td><td>221</td><td>140</td><td>Request for oral hearing</td><td></td></tr> <tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td><td>Petition to revive - unavoidable</td><td></td></tr> <tr><td>141</td><td>1,280</td><td>241</td><td>640</td><td>Petition to revive - unintentional</td><td></td></tr> <tr><td>142</td><td>1,280</td><td>242</td><td>640</td><td>Utility issue fee (or release)</td><td></td></tr> <tr><td>143</td><td>460</td><td>243</td><td>230</td><td>Design issue fee</td><td></td></tr> <tr><td>144</td><td>620</td><td>244</td><td>310</td><td>Plant issue fee</td><td></td></tr> <tr><td>122</td><td>130</td><td>122</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>123</td><td>60</td><td>123</td><td>50</td><td>Petitions related to provisional applications</td><td></td></tr> <tr><td>128</td><td>180</td><td>126</td><td>180</td><td>Submission of Information Disclosure Stmt</td><td></td></tr> <tr><td>581</td><td>40</td><td>581</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td></td></tr> <tr><td>148</td><td>740</td><td>248</td><td>370</td><td>Filing a submission after final rejection (37 CFR § 1.129(e))</td><td></td></tr> <tr><td>149</td><td>740</td><td>249</td><td>370</td><td>For each additional invention to be examined (37 CFR § 1.129(b))</td><td></td></tr> <tr><td>179</td><td>740</td><td>279</td><td>370</td><td>Request for Continued Examination (RCE)</td><td>370</td></tr> <tr><td>169</td><td>900</td><td>169</td><td>900</td><td>Request for expedited examination of a design application</td><td></td></tr> <tr> <td colspan="4">SUBTOTAL (1) <span style="border: 1px solid black; padding: 2px;">(\$)</span></td> <td colspan="4">SUBTOTAL (3) <span style="border: 1px solid black; padding: 2px;">(\$370)</span></td> </tr> <tr> <td colspan="8"> <p>*or number previously paid, if greater. For Reissues, see above</p> <p>The Commissioner is authorized to charge any additional fees to the above noted Deposit Account.</p> </td> </tr> </tbody> </table> |              |                |          | Large Entity Fee Code (\$)                                    | Entity Fee Code (\$)  | Small Entity Fee Code (\$)                                    | Entity Fee (\$)   | Fee Description   | Fee Paid   | 108   | 130   | 205 | 65 | Surcharge - late filing fee or oath                           |   | 127   | 50 | 227 | 25 | Surcharge - late provisional filing fee or cover sheet |                      | 139             | 130      | 139 | 130 | Non-English specification |   | 147                    | 2,520 | 147 | 2,520 | For filing a request for reexamination |    | 112                               | 920* | 112 | 920* | Requesting publication of SIR prior to Examiner action |     | 113                                   | 1,840* | 113 | 1,840* | Requesting publication of SIR after Examiner action |    | 115  | 110 | 215 | 55 | Extension for reply within first month |   | 116  | 400 | 218   | 200 | Extension for reply within second month |  | 117  | 920 | 217 | 460 | Extension for reply within third month |  | 118 | 1,440 | 218 | 720 | Extension for reply within fourth month |  | 128 | 1,880 | 228 | 980 | Extension for reply within fifth month |  | 119 | 320 | 219 | 180 | Notice of Appeal |  | 120 | 320 | 220 | 160 | Filing a brief in support of an appeal |  | 121 | 280 | 221 | 140 | Request for oral hearing |  | 138 | 1,510 | 138 | 1,510 | Petition to institute a public use proceeding |  | 140 | 110 | 240 | 55 | Petition to revive - unavoidable |  | 141 | 1,280 | 241 | 640 | Petition to revive - unintentional |  | 142 | 1,280 | 242 | 640 | Utility issue fee (or release) |  | 143 | 460 | 243 | 230 | Design issue fee |  | 144 | 620 | 244 | 310 | Plant issue fee |  | 122 | 130 | 122 | 130 | Petitions to the Commissioner |  | 123 | 60 | 123 | 50 | Petitions related to provisional applications |  | 128 | 180 | 126 | 180 | Submission of Information Disclosure Stmt |  | 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) |  | 148 | 740 | 248 | 370 | Filing a submission after final rejection (37 CFR § 1.129(e)) |  | 149 | 740 | 249 | 370 | For each additional invention to be examined (37 CFR § 1.129(b)) |  | 179 | 740 | 279 | 370 | Request for Continued Examination (RCE) | 370 | 169 | 900 | 169 | 900 | Request for expedited examination of a design application |  | SUBTOTAL (1) <span style="border: 1px solid black; padding: 2px;">(\$)</span> |  |  |  | SUBTOTAL (3) <span style="border: 1px solid black; padding: 2px;">(\$370)</span> |  |  |  | <p>*or number previously paid, if greater. For Reissues, see above</p> <p>The Commissioner is authorized to charge any additional fees to the above noted Deposit Account.</p> |  |  |  |  |  |  |  |
| Large Entity Fee Code (\$)  | Entity Fee Code (\$)  | Small Entity Fee Code (\$)                                    | Entity Fee (\$)   | Fee Description  | Fee Paid     |                |          |   |   |   |   |   |  |   |   |     |    |   |   |   |    |     |    |  |                      |                 |          |     |     |                           |   |                        |       |     |       |  |    |                                   |      |     |      |  |     |                                       |        |     |        |   |    |  |     |     |    |  |   |  |     |   |     |   |  |  |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |     |     |     |     |     |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 108   | 130   | 205   | 65  | Surcharge - late filing fee or oath  |              |                |          |   |   |   |   |   |  |   |   |     |    |   |   |   |    |     |    |  |                      |                 |          |     |     |                           |   |                        |       |     |       |  |    |                                   |      |     |      |  |     |                                       |        |     |        |   |    |  |     |     |    |  |   |  |     |   |     |   |  |  |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |     |     |     |     |     |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 127   | 50  | 227   | 25  | Surcharge - late provisional filing fee or cover sheet   |              |                |          |   |   |   |   |   |  |   |   |     |    |   |   |   |    |     |    |  |                      |                 |          |     |     |                           |   |                        |       |     |       |  |    |                                   |      |     |      |  |     |                                       |        |     |        |   |    |  |     |     |    |  |   |  |     |   |     |   |  |  |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |     |     |     |     |     |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 139   | 130   | 139   | 130   | Non-English specification  |              |                |          |   |   |   |   |   |  |   |   |     |    |   |   |   |    |     |    |  |                      |                 |          |     |     |                           |   |                        |       |     |       |  |    |                                   |      |     |      |  |     |                                       |        |     |        |   |    |  |     |     |    |  |   |  |     |   |     |   |  |  |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |     |     |     |     |     |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 147   | 2,520   | 147   | 2,520   | For filing a request for reexamination   |              |                |          |   |   |   |   |   |  |   |   |     |    |   |   |   |    |     |    |  |                      |                 |          |     |     |                           |   |                        |       |     |       |  |    |                                   |      |     |      |  |     |                                       |        |     |        |   |    |  |     |     |    |  |   |  |     |   |     |   |  |  |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |     |     |     |     |     |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 112   | 920*  | 112   | 920*  | Requesting publication of SIR prior to Examiner action   |              |                |          |   |   |   |   |   |  |   |   |     |    |   |   |   |    |     |    |  |                      |                 |          |     |     |                           |   |                        |       |     |       |  |    |                                   |      |     |      |  |     |                                       |        |     |        |   |    |  |     |     |    |  |   |  |     |   |     |   |  |  |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |     |     |     |     |     |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 113   | 1,840*  | 113   | 1,840*  | Requesting publication of SIR after Examiner action  |              |                |          |   |   |   |   |   |  |   |   |     |    |   |   |   |    |     |    |  |                      |                 |          |     |     |                           |   |                        |       |     |       |  |    |                                   |      |     |      |  |     |                                       |        |     |        |   |    |  |     |     |    |  |   |  |     |   |     |   |  |  |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |     |     |     |     |     |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 115   | 110   | 215   | 55  | Extension for reply within first month   |              |                |          |   |   |   |   |   |  |   |   |     |    |   |   |   |    |     |    |  |                      |                 |          |     |     |                           |   |                        |       |     |       |  |    |                                   |      |     |      |  |     |                                       |        |     |        |   |    |  |     |     |    |  |   |  |     |   |     |   |  |  |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |     |     |     |     |     |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 116   | 400   | 218   | 200   | Extension for reply within second month  |              |                |          |   |   |   |   |   |  |   |   |     |    |   |   |   |    |     |    |  |                      |                 |          |     |     |                           |   |                        |       |     |       |  |    |                                   |      |     |      |  |     |                                       |        |     |        |   |    |  |     |     |    |  |   |  |     |   |     |   |  |  |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |     |     |     |     |     |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 117   | 920   | 217   | 460   | Extension for reply within third month   |              |                |          |   |   |   |   |   |  |   |   |     |    |   |   |   |    |     |    |  |                      |                 |          |     |     |                           |   |                        |       |     |       |  |    |                                   |      |     |      |  |     |                                       |        |     |        |   |    |  |     |     |    |  |   |  |     |   |     |   |  |  |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |     |     |     |     |     |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 118   | 1,440   | 218   | 720   | Extension for reply within fourth month  |              |                |          |   |   |   |   |   |  |   |   |     |    |   |   |   |    |     |    |  |                      |                 |          |     |     |                           |   |                        |       |     |       |  |    |                                   |      |     |      |  |     |                                       |        |     |        |   |    |  |     |     |    |  |   |  |     |   |     |   |  |  |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |     |     |     |     |     |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 128   | 1,880   | 228   | 980   | Extension for reply within fifth month   |              |                |          |   |   |   |   |   |  |   |   |     |    |   |   |   |    |     |    |  |                      |                 |          |     |     |                           |   |                        |       |     |       |  |    |                                   |      |     |      |  |     |                                       |        |     |        |   |    |  |     |     |    |  |   |  |     |   |     |   |  |  |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |     |     |     |     |     |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 119   | 320   | 219   | 180   | Notice of Appeal   |              |                |          |   |   |   |   |   |  |   |   |     |    |   |   |   |    |     |    |  |                      |                 |          |     |     |                           |   |                        |       |     |       |  |    |                                   |      |     |      |  |     |                                       |        |     |        |   |    |  |     |     |    |  |   |  |     |   |     |   |  |  |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |     |     |     |     |     |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 120   | 320   | 220   | 160   | Filing a brief in support of an appeal   |              |                |          |   |   |   |   |   |  |   |   |     |    |   |   |   |    |     |    |  |                      |                 |          |     |     |                           |   |                        |       |     |       |  |    |                                   |      |     |      |  |     |                                       |        |     |        |   |    |  |     |     |    |  |   |  |     |   |     |   |  |  |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |     |     |     |     |     |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 121   | 280   | 221   | 140   | Request for oral hearing   |              |                |          |   |   |   |   |   |  |   |   |     |    |   |   |   |    |     |    |  |                      |                 |          |     |     |                           |   |                        |       |     |       |  |    |                                   |      |     |      |  |     |                                       |        |     |        |   |    |  |     |     |    |  |   |  |     |   |     |   |  |  |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |     |     |     |     |     |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 138   | 1,510   | 138   | 1,510   | Petition to institute a public use proceeding  |              |                |          |   |   |   |   |   |  |   |   |     |    |   |   |   |    |     |    |  |                      |                 |          |     |     |                           |   |                        |       |     |       |  |    |                                   |      |     |      |  |     |                                       |        |     |        |   |    |  |     |     |    |  |   |  |     |   |     |   |  |  |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |     |     |     |     |     |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 140   | 110   | 240   | 55  | Petition to revive - unavoidable   |              |                |          |   |   |   |   |   |  |   |   |     |    |   |   |   |    |     |    |  |                      |                 |          |     |     |                           |   |                        |       |     |       |  |    |                                   |      |     |      |  |     |                                       |        |     |        |   |    |  |     |     |    |  |   |  |     |   |     |   |  |  |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |     |     |     |     |     |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 141   | 1,280   | 241   | 640   | Petition to revive - unintentional   |              |                |          |   |   |   |   |   |  |   |   |     |    |   |   |   |    |     |    |  |                      |                 |          |     |     |                           |   |                        |       |     |       |  |    |                                   |      |     |      |  |     |                                       |        |     |        |   |    |  |     |     |    |  |   |  |     |   |     |   |  |  |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |     |     |     |     |     |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 142   | 1,280   | 242   | 640   | Utility issue fee (or release)   |              |                |          |   |   |   |   |   |  |   |   |     |    |   |   |   |    |     |    |  |                      |                 |          |     |     |                           |   |                        |       |     |       |  |    |                                   |      |     |      |  |     |                                       |        |     |        |   |    |  |     |     |    |  |   |  |     |   |     |   |  |  |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |     |     |     |     |     |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 143   | 460   | 243   | 230   | Design issue fee   |              |                |          |   |   |   |   |   |  |   |   |     |    |   |   |   |    |     |    |  |                      |                 |          |     |     |                           |   |                        |       |     |       |  |    |                                   |      |     |      |  |     |                                       |        |     |        |   |    |  |     |     |    |  |   |  |     |   |     |   |  |  |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |     |     |     |     |     |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 144   | 620   | 244   | 310   | Plant issue fee  |              |                |          |   |   |   |   |   |  |   |   |     |    |   |   |   |    |     |    |  |                      |                 |          |     |     |                           |   |                        |       |     |       |  |    |                                   |      |     |      |  |     |                                       |        |     |        |   |    |  |     |     |    |  |   |  |     |   |     |   |  |  |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |     |     |     |     |     |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 122   | 130   | 122   | 130   | Petitions to the Commissioner  |              |                |          |   |   |   |   |   |  |   |   |     |    |   |   |   |    |     |    |  |                      |                 |          |     |     |                           |   |                        |       |     |       |  |    |                                   |      |     |      |  |     |                                       |        |     |        |   |    |  |     |     |    |  |   |  |     |   |     |   |  |  |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |     |     |     |     |     |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 123   | 60  | 123   | 50  | Petitions related to provisional applications  |              |                |          |   |   |   |   |   |  |   |   |     |    |   |   |   |    |     |    |  |                      |                 |          |     |     |                           |   |                        |       |     |       |  |    |                                   |      |     |      |  |     |                                       |        |     |        |   |    |  |     |     |    |  |   |  |     |   |     |   |  |  |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |     |     |     |     |     |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 128   | 180   | 126   | 180   | Submission of Information Disclosure Stmt  |              |                |          |   |   |   |   |   |  |   |   |     |    |   |   |   |    |     |    |  |                      |                 |          |     |     |                           |   |                        |       |     |       |  |    |                                   |      |     |      |  |     |                                       |        |     |        |   |    |  |     |     |    |  |   |  |     |   |     |   |  |  |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |     |     |     |     |     |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 581   | 40  | 581   | 40  | Recording each patent assignment per property (times number of properties)   |              |                |          |   |   |   |   |   |  |   |   |     |    |   |   |   |    |     |    |  |                      |                 |          |     |     |                           |   |                        |       |     |       |  |    |                                   |      |     |      |  |     |                                       |        |     |        |   |    |  |     |     |    |  |   |  |     |   |     |   |  |  |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |     |     |     |     |     |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 148   | 740   | 248   | 370   | Filing a submission after final rejection (37 CFR § 1.129(e))  |              |                |          |   |   |   |   |   |  |   |   |     |    |   |   |   |    |     |    |  |                      |                 |          |     |     |                           |   |                        |       |     |       |  |    |                                   |      |     |      |  |     |                                       |        |     |        |   |    |  |     |     |    |  |   |  |     |   |     |   |  |  |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |     |     |     |     |     |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 149   | 740   | 249   | 370   | For each additional invention to be examined (37 CFR § 1.129(b))   |              |                |          |   |   |   |   |   |  |   |   |     |    |   |   |   |    |     |    |  |                      |                 |          |     |     |                           |   |                        |       |     |       |  |    |                                   |      |     |      |  |     |                                       |        |     |        |   |    |  |     |     |    |  |   |  |     |   |     |   |  |  |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |     |     |     |     |     |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 179   | 740   | 279   | 370   | Request for Continued Examination (RCE)  | 370          |                |          |   |   |   |   |   |  |   |   |     |    |   |   |   |    |     |    |  |                      |                 |          |     |     |                           |   |                        |       |     |       |  |    |                                   |      |     |      |  |     |                                       |        |     |        |   |    |  |     |     |    |  |   |  |     |   |     |   |  |  |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |     |     |     |     |     |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 169   | 900   | 169   | 900   | Request for expedited examination of a design application  |              |                |          |   |   |   |   |   |  |   |   |     |    |   |   |   |    |     |    |  |                      |                 |          |     |     |                           |   |                        |       |     |       |  |    |                                   |      |     |      |  |     |                                       |        |     |        |   |    |  |     |     |    |  |   |  |     |   |     |   |  |  |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |     |     |     |     |     |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SUBTOTAL (1) <span style="border: 1px solid black; padding: 2px;">(\$)</span>   |   |   |   | SUBTOTAL (3) <span style="border: 1px solid black; padding: 2px;">(\$370)</span>   |              |                |          |   |   |   |   |   |  |   |   |     |    |   |   |   |    |     |    |  |                      |                 |          |     |     |                           |   |                        |       |     |       |  |    |                                   |      |     |      |  |     |                                       |        |     |        |   |    |  |     |     |    |  |   |  |     |   |     |   |  |  |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |     |     |     |     |     |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <p>*or number previously paid, if greater. For Reissues, see above</p> <p>The Commissioner is authorized to charge any additional fees to the above noted Deposit Account.</p>  |   |   |   |  |              |                |          |   |   |   |   |   |  |   |   |     |    |   |   |   |    |     |    |  |                      |                 |          |     |     |                           |   |                        |       |     |       |  |    |                                   |      |     |      |  |     |                                       |        |     |        |   |    |  |     |     |    |  |   |  |     |   |     |   |  |  |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |     |     |     |     |     |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <p>2. EXTRA CLAIM FEES</p> <table border="1"> <thead> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td><span style="border: 1px solid black; padding: 2px;"> </span></td><td><span style="border: 1px solid black; padding: 2px;">-20**</span></td><td><span style="border: 1px solid black; padding: 2px;">=</span></td><td><span style="border: 1px solid black; padding: 2px;"> </span></td></tr> <tr><td><span style="border: 1px solid black; padding: 2px;"> </span></td><td><span style="border: 1px solid black; padding: 2px;">-3**</span></td><td><span style="border: 1px solid black; padding: 2px;">=</span></td><td><span style="border: 1px solid black; padding: 2px;"> </span></td></tr> <tr><td colspan="2"></td><td><span style="border: 1px solid black; padding: 2px;">X</span></td><td><span style="border: 1px solid black; padding: 2px;"> </span></td></tr> </tbody> </table> |   |   |   | Total Claims   | Extra Claims | Fee from below | Fee Paid | <span style="border: 1px solid black; padding: 2px;"> </span> | <span style="border: 1px solid black; padding: 2px;">-20**</span> | <span style="border: 1px solid black; padding: 2px;">=</span> | <span style="border: 1px solid black; padding: 2px;"> </span> | <span style="border: 1px solid black; padding: 2px;"> </span> | <span style="border: 1px solid black; padding: 2px;">-3**</span> | <span style="border: 1px solid black; padding: 2px;">=</span> | <span style="border: 1px solid black; padding: 2px;"> </span> |     |    | <span style="border: 1px solid black; padding: 2px;">X</span> | <span style="border: 1px solid black; padding: 2px;"> </span> | <table border="1"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Entity Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>103</td><td>18</td><td>203</td><td>9</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>102</td><td>84</td><td>202</td><td>42</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>104</td><td>280</td><td>204</td><td>140</td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>109</td><td>84</td><td>209</td><td>42</td><td>** Reissue independent claims over original patent</td><td></td></tr> <tr><td>110</td><td>18</td><td>210</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr> <tr> <td colspan="4">SUBTOTAL (2) <span style="border: 1px solid black; padding: 2px;">(\$)</span></td> <td colspan="4">SUBTOTAL (3) <span style="border: 1px solid black; padding: 2px;">(\$370)</span></td> </tr> </tbody> </table> |    |     |    | Large Entity Fee Code (\$)                             | Entity Fee Code (\$) | Fee Description | Fee Paid | 103 | 18  | 203                       | 9 | Claims in excess of 20 |       | 102 | 84    | 202                                    | 42 | Independent claims in excess of 3 |      | 104 | 280  | 204  | 140 | Multiple dependent claim, if not paid |        | 109 | 84     | 209   | 42 | ** Reissue independent claims over original patent |     | 110 | 18 | 210                                    | 9 | ** Reissue claims in excess of 20 and over original patent |     | SUBTOTAL (2) <span style="border: 1px solid black; padding: 2px;">(\$)</span> |     |   |  | SUBTOTAL (3) <span style="border: 1px solid black; padding: 2px;">(\$370)</span> |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |     |     |     |     |     |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Total Claims  | Extra Claims  | Fee from below  | Fee Paid  |  |              |                |          |   |   |   |   |   |  |   |   |     |    |   |   |   |    |     |    |  |                      |                 |          |     |     |                           |   |                        |       |     |       |  |    |                                   |      |     |      |  |     |                                       |        |     |        |   |    |  |     |     |    |  |   |  |     |   |     |   |  |  |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |     |     |     |     |     |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <span style="border: 1px solid black; padding: 2px;"> </span>   | <span style="border: 1px solid black; padding: 2px;">-20**</span> | <span style="border: 1px solid black; padding: 2px;">=</span> | <span style="border: 1px solid black; padding: 2px;"> </span> |  |              |                |          |   |   |   |   |   |  |   |   |     |    |   |   |   |    |     |    |  |                      |                 |          |     |     |                           |   |                        |       |     |       |  |    |                                   |      |     |      |  |     |                                       |        |     |        |   |    |  |     |     |    |  |   |  |     |   |     |   |  |  |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |     |     |     |     |     |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <span style="border: 1px solid black; padding: 2px;"> </span>   | <span style="border: 1px solid black; padding: 2px;">-3**</span>  | <span style="border: 1px solid black; padding: 2px;">=</span> | <span style="border: 1px solid black; padding: 2px;"> </span> |  |              |                |          |   |   |   |   |   |  |   |   |     |    |   |   |   |    |     |    |  |                      |                 |          |     |     |                           |   |                        |       |     |       |  |    |                                   |      |     |      |  |     |                                       |        |     |        |   |    |  |     |     |    |  |   |  |     |   |     |   |  |  |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |     |     |     |     |     |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   |   | <span style="border: 1px solid black; padding: 2px;">X</span> | <span style="border: 1px solid black; padding: 2px;"> </span> |  |              |                |          |   |   |   |   |   |  |   |   |     |    |   |   |   |    |     |    |  |                      |                 |          |     |     |                           |   |                        |       |     |       |  |    |                                   |      |     |      |  |     |                                       |        |     |        |   |    |  |     |     |    |  |   |  |     |   |     |   |  |  |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |     |     |     |     |     |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Large Entity Fee Code (\$)  | Entity Fee Code (\$)  | Fee Description   | Fee Paid  |  |              |                |          |   |   |   |   |   |  |   |   |     |    |   |   |   |    |     |    |  |                      |                 |          |     |     |                           |   |                        |       |     |       |  |    |                                   |      |     |      |  |     |                                       |        |     |        |   |    |  |     |     |    |  |   |  |     |   |     |   |  |  |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |     |     |     |     |     |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 103   | 18  | 203   | 9   | Claims in excess of 20   |              |                |          |   |   |   |   |   |  |   |   |     |    |   |   |   |    |     |    |  |                      |                 |          |     |     |                           |   |                        |       |     |       |  |    |                                   |      |     |      |  |     |                                       |        |     |        |   |    |  |     |     |    |  |   |  |     |   |     |   |  |  |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |     |     |     |     |     |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 102   | 84  | 202   | 42  | Independent claims in excess of 3  |              |                |          |   |   |   |   |   |  |   |   |     |    |   |   |   |    |     |    |  |                      |                 |          |     |     |                           |   |                        |       |     |       |  |    |                                   |      |     |      |  |     |                                       |        |     |        |   |    |  |     |     |    |  |   |  |     |   |     |   |  |  |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |     |     |     |     |     |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 104   | 280   | 204   | 140   | Multiple dependent claim, if not paid  |              |                |          |   |   |   |   |   |  |   |   |     |    |   |   |   |    |     |    |  |                      |                 |          |     |     |                           |   |                        |       |     |       |  |    |                                   |      |     |      |  |     |                                       |        |     |        |   |    |  |     |     |    |  |   |  |     |   |     |   |  |  |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |     |     |     |     |     |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 109   | 84  | 209   | 42  | ** Reissue independent claims over original patent   |              |                |          |   |   |   |   |   |  |   |   |     |    |   |   |   |    |     |    |  |                      |                 |          |     |     |                           |   |                        |       |     |       |  |    |                                   |      |     |      |  |     |                                       |        |     |        |   |    |  |     |     |    |  |   |  |     |   |     |   |  |  |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |     |     |     |     |     |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 110   | 18  | 210   | 9   | ** Reissue claims in excess of 20 and over original patent   |              |                |          |   |   |   |   |   |  |   |   |     |    |   |   |   |    |     |    |  |                      |                 |          |     |     |                           |   |                        |       |     |       |  |    |                                   |      |     |      |  |     |                                       |        |     |        |   |    |  |     |     |    |  |   |  |     |   |     |   |  |  |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |     |     |     |     |     |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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